

## **VETERANS PREFERENCE FORM VP-1**

***If you are requesting veterans preference points, please complete this form.***

**Idaho law provides veterans preference points for veterans or eligible spouses who:**

- Have been in active service in the armed forces of the United States during one of the time periods shown in Section One below OR have been awarded an Armed Forces Expeditionary Medal,
- Are disabled veterans who served on active duty in the armed forces at any time, OR
- Are Purple Heart recipients, OR
- Are the widow or widower of such individuals and who have not remarried. OR
- Are the qualifying spouses of eligible disabled veterans who cannot qualify for any public employment because of a service-connected disability.

### **VETERANS PREFERENCE INFORMATION**

To determine your eligibility for veterans preference points, please complete all applicable section(s).

NOTE: Preference points shall be used only for the purpose of initial appointment to a state position and not for the purpose of any promotion, transfer, or reassignment.

### **GENERAL ELIGIBILITY**

1. Were you discharged under honorable conditions, or are you the spouse of an honorably discharged, preference-eligible veteran claiming preference under Section Three or Four?

YES ☐ NO ☐

If you answered NO to the above question, you are not eligible for preference points.

2. Have you ever received an "initial appointment" by any State of Idaho agency? YES ☐ NO ☐

If you answered YES to the above question, you are not eligible for preference points.

### **SECTION ONE: PREFERENCE ELIGIBLE VETERANS**

(Reference Idaho Code, Title 65, Chapter 5, and 5 U.S.C. Section 2108)

The term 'active duty' means full-time duty in the Armed Forces, other than active duty for training

☐ I served on active duty at any time from December 7, 1941 and ending July 1, 1955.

☐ I served on active duty for 180 consecutive days, any part of which occurred after January 31, 1955, and before October 15, 1976

☐ I served on active duty at any time from August 2, 1990 and ending on January 2, 1992.

☐ I served on active duty for a period of more than 180 consecutive days, any part of which occurred during the period beginning on September 11, 2001, and ending when prescribed by Presidential proclamation or by law as the last date of Operation Iraqi Freedom.

☐ I have been awarded an Armed Forces Expeditionary Medal (AFEM). All AFEM's whether listed here or not, are qualifying for veterans preference and must be shown on your DD Form 214. Examples of some of the most common campaign medals are: Vietnam (Service Medal), El Salvador, Lebanon, Granada, Panama, Bosnia, Kosovo, Afghanistan, Southwest Asia (Persian Gulf), Somalia, and Haiti. (Award of the National Defense Service medal alone does NOT qualify).

For a listing of Wars, Campaigns, and Expeditions of the Armed Forces which qualify for veterans preference, go to: [www.opm.gov/veterans/html/vgmedal2.htm](http://www.opm.gov/veterans/html/vgmedal2.htm).

## SECTION TWO: DISABLED VETERANS AND PURPLE HEART RECIPIENTS

1. Have you served on active duty in the Armed Forces at any time, and do you have a current service-connected disability of 10% or more, or are you a Purple Heart recipient? YES ☐ NO ☐
2. Have you served on active duty in the Armed Forces at any time, and do you have a current service-connected disability of 30% or more? YES ☐ NO ☐

## SECTION THREE: SPOUSES OF DISABLED VETERANS

- Are you the spouse of an eligible disabled veteran who cannot qualify for any public employment because of a service-connected disability? YES ☐ NO ☐

## SECTION FOUR: WIDOWS OR WIDOWERS OF PREFERENCE ELIGIBLE OR DISABLED VETERANS

Are you a widow or widower of a preference eligible veteran as shown in Section One, and have you remained unmarried? YES ☐ NO ☐

OR

Are you a widow or widower of a disabled veteran or Purple Heart recipient and have you remained unmarried? YES ☐ NO ☐

**If you have any questions regarding veterans preference points, please call the Division of Human Resources at 208-334-2263.**

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*Name (Please Print)*

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*Signature*

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*Social Security Number*

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*Date*

By my signature above, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose inaccurate or misleading answers, my application may be rejected, my name removed from consideration or my employment with the state terminated.